

## SOLID WASTE COMPOST FACILITY ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

### Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

#### Owner

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

### Facility Status

☐ Currently in Operation ☐ Closed - Date: \_\_\_\_\_  
(The "Closed - Date" is the date that all material was removed from the site)

### Annual Totals

Waste received in reporting period: \_\_\_\_\_ ☐ Tons ☐ Cubic Yds

Product removed: \_\_\_\_\_ ☐ Tons ☐ Cubic Yds

Has facility operated according to approved plan of operation ☐ Yes ☐ No  
If no please contact the Solid Waste Section at 801/538-6170

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: \_\_\_\_\_ Title: \_\_\_\_\_